

PROVIDER BULLETIN

PROVIDER INFORMATION



March 31, 2014

Women's preventive contraceptive benefit updates and claims reprocessing

The Affordable Care Act requires coverage of certain preventive services with no cost to the member at the in-network level, including certain contraceptive medications, devices and services for women as prescribed (referred to in this document as "preventive contraceptive benefits").* The coverage requirements for preventive contraceptive benefits apply to Blue Cross and Blue Shield of Minnesota (Blue Cross) commercial market non-grandfathered plans and certain other plans that adopted the benefit.

Blue Cross has updated its preventive contraceptive benefits to align with new guidance. For more information about what is covered under this benefit, see the document entitled "**Health Care Reform: Women's Preventive Contraceptive Benefits**," available at: www.bluecrossmn.com.

This coverage is effective for plans or policy years and renewals beginning on their effective date that is on or after August 1, 2012. Blue Cross will reprocess affected medical claims and, for members with Prime Therapeutics as their pharmacy benefits manager, Prime Therapeutics will adjust affected pharmacy claims.** As a result of the claims reprocessing/adjustments, refunds will be issued as appropriate.

Who is affected?

This change may impact female members with individual, non-grandfathered commercial coverage or those who have coverage through an affected commercial group, whether fully- or self-insured. However, some groups, including, without limitation, groups who use a pharmacy benefit manager other than Prime Therapeutics, may have a different set of preventive contraceptive pharmacy benefits than discussed here.

Certain organizations, including religious employers, temporary safe harbor and eligible organizations, may be exempt or eligible for accommodation from the requirement to cover preventive contraceptive benefits.

Important note: Some services and devices are only covered under the medical benefit, while others may be covered under either the medical or pharmacy benefit, as noted in the document entitled "Women's Preventive Contraceptive Benefits," available at: www.bluecrossmn.com. Items indicated as over-the-counter (OTC), pharmacy, or pharmacy only are only eligible for coverage when a member has a prescription and the item is purchased in-network at the pharmacy or pharmacy counter and the pharmacy benefit card is presented. Members and providers are not eligible for reimbursement of OTC, pharmacy, or pharmacy only items submitted with claim forms or receipts.

To be eligible for payment as a preventive contraceptive benefit, a medical contraceptive type/method must have been submitted and coded correctly by a provider appropriately credentialed to perform the service.

How will members be refunded for medical claims?

- Blue Cross will be reprocessing impacted medical claims between August 1, 2012 and December 31, 2013.
- Blue Cross is working on a process and plan for refunding members for impacted medical claims.

How will members be refunded for pharmacy claims?

- Pharmacy claims will be reviewed and adjusted as necessary, and refunds will be issued as appropriate.
- For OTC pharmacy methods, a record of a prescription must exist to be eligible for a refund.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

*Certain religious employers and eligible organizations may be, respectively, exempt or eligible for accommodation from the requirement to cover these contraceptive benefits. Women enrolled through eligible organizations may have a separate ID card for preventive contraceptive benefits. Individual policy holders may not claim exemption.

**Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.